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CONFIRMATION NO. 4799

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>08/883,075 | FILING DATE<br>06/26/1997<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1616 | ATTORNEY<br>DOCKET NO.<br>BERTEK3.0-02 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/14/1997

|   |                           |                        |                       |                             |
|---|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>VT | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>84 | INDEPENDENT<br>CLAIMS<br>11 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance |                           |                        |                       |                             |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                        |                       |                             |

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## TITLE

ADHESIVE MIXTURE FOR TRANSDERMAL DELIVERY OF HIGHLY PLASTICIZING DRUGS

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>3358 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|------------------------------------|---|--|